Alzheimer's Disease

Successful Strategies
For Serving Hard-to-Reach Populations

Successful Strategies

Developed by the
U.S. Administration on Aging,
in collaboration with Alzheimer's
Demonstration Grantees
and Advisors

Alzheimer's Disease Demonstration Grants to State Program

A Program of the U.S. Administration on Aging

In 1992, Congress created the Alzheimer's Disease Demonstration Grants to States Program. Originally administered by the DHHS Health Resources and Services Administration (HRSA, 1992-1998), fifteen states were awarded Alzheimer's Demonstration Grants. In 1998, Congress transferred the program to the DHHS Administration on Aging, which continued to administer the existing grants. These grants were intended to support the development and enhancement of a system of support services for caregivers and individuals with Alzheimer's disease and related disorders. Hard-to-serve and under-served populations were targeted. Services and programs of the national demonstration were delivered through nearly 300 agencies, serving more than 20 different ethnic groups and significant numbers of rural families. In July 2000, the Administration on Aging awarded grants to sixteen new states to further develop models of care for persons with Alzheimer's disease and to build on the remarkable success of the original fifteen Alzheimer's Demonstration projects.

Though the demonstration focused on support services for Alzheimer families, the lessons learned about service development and expansion are very applicable to the wide range of aging services. Our intent here is to share some of the general insights on program development (importance of flexibility, critical nature of community commitment, how to build trust and credibility) and consistent challenges to program design (reaching families before the "crisis" and developing a continuum of services) in a format that can inspire replication efforts.

Service Models

Eight service models have been highlighted because they represent successful strategies for overcoming commonly identified challenges in serving these diverse populations. Project profiles have been developed to share successful, innovative approaches for serving rural and minority communities. In spite of the variety of agencies and populations served, six general "how-to" themes have been common to all successful sites. This "blueprint" for success includes six basic steps:

1. Establish trust and credibility among partner agencies and with target populations
2. Build community awareness of Alzheimer's disease and services available
3. Build service capacity
4. Create new services
5. Develop resources
6. Stabilize programs and services

Successful Models

Each of the eight project profiles detail the steps for replication, the program costs, and the resources needed. The successful models include:

Community Ownership
Building Interagency Partnerships that Foster Community-Based Dementia Support Services (Michigan Alzheimer's Demonstration Project)

Crow Eldercare
Serving Native Americans on the Reservation (Montana Alzheimer's Demonstration Project)

Dementia Training for Case Managers
Developing Statewide Dementia
Expertise (Oregon Alzheimer's
Demonstration Project)

Sea Mar Care Advocates
Facilitating Latino Families Use of
Support Services (Washington
Alzheimer's Demonstration Project)

El Portal
Developing A Network of Dementia
Services for Latinos (California
Alzheimer's Demonstration Project)

AL-CARE
Serving Urban Live-Alones with
Dementia (District of Columbia
Alzheimer's Demonstration Project)

Mobile Day Care
Transporting Social Day Care in Rural
Areas (Georgia Alzheimer's
Demonstration Project)

Rural Geriatric Dementia Evaluation
Providing Assessment and Counseling to
Isolated, Rural Families
(Maine Alzheimer's Demonstration
Project)

Successful Strategies

These eight projects have been
highlighted because they exemplify
innovative and successful strategies for
meeting three common challenges
encountered by service providers. These
challenges include:

- Efficiently serving dispersed rural
  populations with limited resources
- Bridging cultural and language
  differences to serve diverse ethnic
  groups

- Negotiating interagency partnerships
  and community ownership to create a
  stable service environment

These projects illustrate a range of
successful techniques for addressing the
unique geographic challenges in serving
rural or urban populations. For rural
populations this includes issues of
distance and transportation, lack of
trained staff, issues of isolation, and
economies of scale. The Mobile Day
program in Georgia, which transports
social day care into rural communities,
and Maine's Geriatric Assessment Teams,
which provide in-home diagnosis and
counseling to isolated families, are
highlighted. For urban, city-center
populations challenges often include high
rates of poverty, safety issues for staff
and clients, lack of family caregivers, and
isolation of clients. The AL-CARE
project in the District of Columbia, which
has successfully been serving persons
with dementia who live alone, is
highlighted as an example of addressing
urban issues.

Other projects are examples of programs
that met the unique challenges in
serving diverse ethnic minority
populations. These programs
implemented successful strategies for
building trust, learning about cultural
issues, and overcoming communication
barriers. California's El Portal project
created a dementia network of services
for Latino families. Montana's Crow
Eldercare project collaborated with the
Crow tribe to deliver respite services on
the reservation. Washington's Sea Mar
Care Advocate model trained advocate to
facilitate Latino clients' use of existing
support services.

Additionally, some projects met the
challenges of establishing service

stability within changing systems and legislative perspectives. Successful strategies used by the programs were the promotion of community ownership, developing Alzheimer-friendly systems, and providing ongoing technical support. The Michigan model of interagency partnerships that fosters the development of community-based dementia support services and state-level support mechanisms for service integration and stability is an exemplar of this. El Portal is also a good model of system integration and service enrichment that linked traditional service programs with an ethnic population. Oregon's Dementia Training for Case Managers integrated dementia knowledge within their existing service network.

Key Partnerships

The knowledge and insights shared in these project profiles are the result of the commitment and support of many key partners. The larger Demonstration grant has been nurtured and encouraged by many key individuals. The Alzheimer's Association, the federal project officers and university-based evaluation team collaborated to provide support, guidance and important programmatic flexibility, helping to ensure the overall success of the Demonstration program.

Through the efforts of the fifteen partner state projects of the demonstration, much has been learned about serving "hard-to-reach" and traditionally under-served populations. The highlighted eight profiles are just the "tip of the iceberg" of the wealth of understanding generated from the demonstration. Project directors in each of the fifteen partner states have developed and supported projects and programs to better understand how to serve more inclusively. Each project has also been enriched with the commitment and innovation of all the local, direct care staff who have applied flexibility to creating successful service delivery models in their individual communities.

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